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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 18 2000
PATENT & TRADEMARK OFFICE

Serial No. : 09/195,093
Attorney Docket No. : 98-rTRN-400
Filed : 11/18/98
For : IDLE DRIVE TORQUE CONTROL FOR...MASTER CLUTCH
Applicant(s) : CHIA-HSIANG LIU; TIMOTHY J. MORSCHECK
Art Unit : 3681
Examiner : HA HO

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231, on:

11 Jan 2000

Signature

Honorable Commissioner
of Patents and Trademarks
Washington, DC 20231

AMENDMENT

Sir:

In response to the Official Office Action mailed 10/07/99 (Paper No. 5), please amend the above-identified application as indicated.

IN THE DRAWINGS

Formal drawings will be provided upon Notice of Allowance.

IN THE SPECIFICATION

Page 1, line 5, after "date" please insert ---November 18, 1998---.

Page 1, line 6, after "09/" please insert ---189,995---.

Page 1, line 9, after "09/" please insert ---197,544---.

Page 3, line 29, please delete "according to" and insert ---not to exceed a---.

Page 3, line 29, after "requested" please insert ---maximum---.

A

In re application of: **CHIA-HSIANG LIU; TIMOTHY J. MORSCHKE**
Serial No.: **09/195,093**
Filed: **11/18/98**
For: **IDLE DRIVE TORQUE CONTROL FOR...MASTER CLUTCH**

THE COMMISSIONER OF PATENTS AND TRADEMARKS
WASHINGTON, DC 20231

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The filing fee has been calculated as shown below:



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	COL. 1	COL. 2	COL. 3		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE
Total Claims	27*	27**	0	x \$ 18 =	\$0.00
Independent Claims	3*	3***	0	x \$ 78 =	\$0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				= \$260 =	\$0.00
TOTAL					\$0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 05-0275 in the amount of \$0.00. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-0275. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

Eaton Corporation
Patent Law Department
Eaton Center
1111 Superior Avenue
Cleveland, Ohio 44114-2584
Telephone 216/523-4134
Facsimile 216/479-7015

Attorney of Record
HOWARD D. GORDON
Reg. No. 25,979